

PROOF OF CLAIM

Name of Debtor  
Debit Corporation of America, Inc.

Case Number  
04-14360 - BKC - AJC

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))

IMPORTANT: THIS CLAIM FORM  
SHOULD ONLY BE USED BY THE  
CREDITOR WHOSE NAME IS  
PRINTED ON THIS CLAIM FORM.

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
Leroy Shepard  
Name and Address where notices should be sent:  
Leroy Shepard  
9037 Hallavale Ave.  
Los Angeles CA 90047-3640

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  
☐ Check box if you have never received any notices from the bankruptcy court in this case.  
☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:  
(If SS# only list last 4 digits of SS#): 7621

Check here if ☐ replaces ☐ amends a previously filed claim, dated \_\_\_\_\_

1. Basis for Claim

- ☐ Goods sold  
☐ Services performed  
☐ Money loaned  
☐ Personal injury/wrongful death  
☐ Taxes  
☒ Other

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)  
☐ Wages, salaries, and compensation (fill out below)  
Last four digits of SS #: XXX-XX-\_\_\_\_\_  
Unpaid compensation for services performed  
from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

2. Date debt was incurred: 5/14/03

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 14,915.00 + 0 + 14,915.00 = 14,915.00  
(Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)

Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle  
☐ Other

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ \_\_\_\_\_

6. Unsecured Nonpriority Claim \$ \_\_\_\_\_

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ 14,915.00

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,925)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).  
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).  
☐ Up to \$ 2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).  
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).  
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions)

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.

Date  
6-1-04

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Leroy Shepard

THIS SPACE IS FOR COURT USE ONLY

13AR

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Leroy Shepard  
9037 Halidale Ave.  
Los Angeles, Ca 90047

3/22/04

Mr. Bill Martian  
Debit Card Corp.  
11900 Biscayne Blvd. #250  
Miami FL. 33181

Dear Mr. Martian

In good faith I entered into contract to be a debit card agency, I paid the investment Amount, I was given Information on how this venture would make good return on my Investment

I receive three displays and materials and card consumer enrollment form, The locate Located sight for me.

When the cards was sold they was never issued.

I faxed Mr. Harvy Welch the numbers three times and the master cards have not been issued. The cards was sold five month ago, I had to refund the money and pick up the display and Put them in storage.

I had no way to load the cards once they was sold, the store owners asked me to remove them.

I have spent a lot of money and time and all for nothing.

Please Instruct me how to get your display back to you. I am requesting a full refund of Fourteen thousand, nine hundred fifteen dollars, (\$ 14, 915.00).

Thank you very much

Leroy Shepard